Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number 10/7/2/40 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE RATE FEE FEE (37 CFR 1.16(e)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 💌 OR INDEPENDENT CLAIM. (37 CFR 1.16(b)) minus 3 = = OR = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL OR TOTAL "If the difference in column 1 in less than zero, enter "O" in column 2. CLAMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST ⋖ NUMBER PRESENT RATE ADDI-RATE ADDI REMAINING AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE Total (37 CFR 1.15(c)) Minus ENDME 20 28 x s 50 = OR Independent (37 CFR 1.16(b)) Minus 3 x \$ 100 x , 200 = OR FIRST PRESENTAL AND ULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 180= OR + \$ 360= TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS $\mathbf{\omega}$ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** TIONAL TIONAL AFTER PREVIOUSLY AMENDMENT PAID FOR FEE FEE 20 Minus ENDMI Total (37 CFR 1.16(c)) x s<u>at =</u> x s<u>50</u> = OR Independent (37 CFR 1,15(b)) x \$ 100 = x :200= OR FIRST PRESENTAT IN OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + : 180 = + 360 = OR TOTAL TOTAL 10, ADD'L FEE OR ADD'L FEE (Column 2) (Column 3) Column 1) 71.5115 HIGHEST O A ING PRESENT RATE ADDI-RATE NUMBER ADDI-ENT PREVIOUSLY **EXTRA** TIONAL FEE TIONAL ENT PAID FOR Total pr CFR 1.15(c)) Minus = ENDME x s25 = x **:** <u>50</u> = OR Minus Independent (37 CFR 1.16(b)) x s 200= x \$ 100 = OR + :360 = FIRST PRESENTA! 14 OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +:180= **OR** TOTAL TOTAL ADD'L FEE ADD'L FEE OR . If the entry in a a 1 ib. iss than the entry in column 2, write "0" in column 3. iii Piliviously Paid For' IN THIS SPACE is less than 20, enter "20". " If the "Highest II *** If the "Highest Nu or Proviously Paid For IN THIS SPACE is less than 3, enter "3". ously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1 The Highest Num This collection of informa-

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squired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent tment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS loner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.